

OWNER OR AUTHORIZED REPRESENTATIVE SIGNATURE

Greene County Building Inspections 229 Kingold Blvd Suite E Snow Hill, NC 28580

Phone: 252-747-4019

Email: teresa.campbell@greenecountync.gov

Manufactured Home Permit Application

Applicant Name	Phone Number
Project Street Address City Name of Subdivision	Phone Number State Zip or Mobile Home Park (if applicable) Yes No If Yes, Name of Owner
Mobile Home Sub-contracto	Year Model Manufacturer Size Value of Home Serial Number # Of Bedrooms (If Septic Tank, # of bedrooms approved by Health Department Please Note the following requirement 1. The mobile home must be June 15, 1976 model or newer! 2. A licensed Set-up Contractor must obtain set-up permit! rs Set-up Electrical Plumbing Heat & Air
Is this lot in any town or zoning district? Yes No Is this lot in a flood zone area? Yes No What power company will be serving your home? Premise Number (Issued by power company)? I hereby certify that all the information in this application is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. Re-inspection fees are charged at \$50 per trip. All permits are non-transferable and non-refundable.	

DATE